Safe Sleep Policy

Background to this procedure

This procedure ensures that all practitioners provide a consistent and safe approach to children's sleep and rest. It must be read alongside the current Statutory framework for the early year's foundation stage, the setting's safeguarding, first aid, health and safety, risk assessment, medication and emergency procedures, and current safer sleep guidance from the NHS and The Lullaby Trust. The procedure will be reviewed whenever statutory or national guidance changes, following a sleep-related incident or near miss, or at the scheduled review date, whichever is sooner.

It is required that all parents and guardians are made aware of the policy during the home visit whereby the Key Person and Room Leader discuss the procedure. All Key People are required to receive training on our Safe Sleep Procedure as part of their induction.

Aims

- To ensure that all children have enough sleep to support their development and natural sleeping rhythms in a safe environment.
- To guarantee children are kept safe whilst asleep and reduce any chance of Sudden Infant Death Syndrome (SIDS).

The following procedures have been broken down into different age groups to meet requirements for each individual age group.

1. General

- We respect that each child has individual needs and in turn we are flexible to meet these needs and provide opportunities for children to rest and take naps.
- We respect parental wishes regarding children's sleep however the welfare of the children is always paramount.
- We will try to mirror home routines regarding sleep however it is necessary to be aware that children will most likely adapt to the routines in place at nursery.
- All children should be checked before going to bed. Nappies and clothes need to be clean and dry and if not must be changed.
- Children's heads should be uncovered during sleep times should a practitioner see that a child has something over their head it should be moved.
- If children need to be patted to sleep practitioners will do so gently.
- Should a parent or guardian wish to set a sleep limit for their child they need to discuss this with their child's Key Person. We do not allow sleep limits of less than 45 minutes. If a child does not sleep after 20 minutes they can go and play, and a practitioner will try again later.
- Children must be checked every 10 minutes and the parent link updated (where used) and the sleep chart timed and signed by the allocated sleep monitor
- Blankets are to be used to keep children warm. All mattresses must have clean sheets put on them on the first day the child attends. The sheets must be changed if they become soiled and the mattresses cleaned with antibacterial spray. All mattresses must be cleaned on a Friday with antibacterial spray.
- Before each sleep period, the designated practitioner must check that each cot, mattress, sleep mat and fitted sheet is clean, dry, undamaged, correctly assembled and suitable for the child. Cots and sleep mats must be positioned to allow safe access and effective supervision, away from blind cords, electrical cables, heaters, radiators and other hazards. Any defective equipment must be removed from use immediately and reported to the Room Leader.
- The nursery will ask parents of sleeping children, upon arrival to the nursery, to wake them up before entering the nursery, this is to ensure that children are well and alert, ready for the day.
- The nursery will not keep children asleep in buggies/prams and any child that has fallen asleep whilst out of the nursery will be moved by nursery staff to their allocated cot or sleep mat.

2. **Sudden Infant Death Syndrome (SIDS) (Also known as 'cot death')**
   - Babies under the age of six months are most vulnerable to SIDS. There is not an exact cause of SIDS however the NHS suggest there could be a combination of factors leading to it.
   - Some babies are vulnerable to certain environmental stresses such as getting caught up in a blanket.
   - To reduce the chance of this happening, babies are placed on their back to sleep and in the "feet to foot" position where their feet touch the end of the cot.
   - The temperature of the room is kept between 18-23 degrees Celsius. We will use a fan or portable air conditioning unit if the room temperature rises above this temperature in consultation with the Room Leader
   - Cots must be kept clear of pillows, cot bumpers, duvets, sleep positioners, pods or nests, loose bedding, toys and other items that could cover a baby's face or obstruct breathing. A firmly fitted sheet must be used on a clean, firm, flat, waterproof mattress that fits the cot correctly. A small comforter may only be used where this is consistent with current safer sleep guidance, agreed with the parent or carer, and assessed as safe for the individual child.
   - Before sleep, practitioners must consider the room temperature, the child's clothing and bedding, and any signs of overheating. Babies and children must not sleep in outdoor clothing, bibs, hoods, hats, bulky coats or clothing with cords. Outdoor clothing must be removed after returning from a trip. A fan or air-conditioning unit must not blow directly onto a child, and any electrical equipment used must be positioned and risk assessed safely.
   - We ensure that all mattresses are in good condition, clean and fit for purpose.
   - Transferring any baby who falls asleep while being nursed by a practitioner to a safe sleeping surface to complete their rest
   - Having a no smoking policy.
   - Children must not be left to sleep in slings, carriers, car seats or other seated or inclined equipment. If a child falls asleep in such equipment, they must be moved promptly and safely to their allocated cot or sleep mat, with their airway and breathing checked during the transfer.
   - Should parents or guardians require more information we direct them to the NHS website http://www.nhs.uk/Conditions/Sudden-infant-death-syndrome/Pages/Introduction.aspx

3. **Explorers – Six months to two years**
   - Explorers have a separate sleep room. Cots are available for children who are not yet walking and individual mattresses for children to sleep on who can walk.
   - There is a designated person to monitor children sleeping each week. An adult will always be located within earshot of the sleep room so that they can hear inside and physically check children every **10 minutes**. They must then note down the time and update the children's record on their Famly profile.
   - When monitoring a sleeping child, the designated practitioner must observe the child directly and check their breathing, colour, temperature, sleep position, comfort and general wellbeing. The practitioner must ensure that the child's face and head remain uncovered, bedding is secure and the sleep space is clear. Each check must be recorded immediately with the time and the practitioner's initials or signature. Audio or video monitors may support, but must never replace, direct physical checks.
   - All children under the age of 1 years, sleep in a cot.
   - As good practice we monitor babies under 1 years or a new baby sleeping during the first few weeks every five minutes, until we are familiar with the child and their sleeping routines, to offer reassurance to them and families.
   - If a child falls asleep in a buggy or pram while away from the nursery, practitioners must maintain the child's airway in an open position and carry out and record the same direct checks required in the nursery every 10 minutes. On returning to the nursery, the child must be transferred promptly and safely to their allocated cot or sleep mat. Buggies and prams must not be used as routine sleep spaces.

4. **Investigators and Discoverers – Two to Five years' old**

- Children have a quiet space where they sleep after lunch. Practitioners are there to help children get to sleep either by patting or stroking their backs. Child can lay either on their back or their front for sleep.
- Any child that does not sleep will have quiet time. In the Investigators room this will be with a practitioner in a separate space. In Discoverers, they will participate in calm activities and use alternative spaces such as the sensory or expressive arts room for activities. After this they will spend time either inside or outside depending on ratios.
- A practitioner is responsible for checking children every 10 minutes, signing and initialling the sleep chart and updating the nursery parent app if appropriate. This person is allocated daily by the Deputy Early Education Coordinator.
- When staff check the children, they will be checking for comfort, discomfort, breathing (rise and fall of the chest), and the position of blankets and comforts being used.
- Children who sleep at the nursery will do so for a minimum of 45 minutes and a maximum of 2 hours per day.
- Staff will carry out temperature checks in the morning and afternoon and will record thermometer readings on the sleep chart.
- Sleep charts will be checked and monitored regularly by DEEC and the Senior Early Education Coordinator and then stored in a file for future access.

5. Comforters and Comfort Blankets

- Comfort blankets and soft toys are welcome at nursery as they bring reassurance to babies and children especially if they are new to nursery and during rest and sleep times. We ask that parents and guardians mark them with their child's name.
- Blankets will not exceed the child's shoulders, and we will not cover children's faces to encourage sleep.
- Parents may wish to provide dummies for children. We do not supply, encourage, or introduce them to children.
- Dummies are usually restricted to sleep times unless a child is inconsolable, we do not use them otherwise. We encourage the children to express themselves verbally and believe using dummies inhibits this.
- Any dummies used at nursery are sterilised at the end of each day either in the steriliser or dish washer.
- The Room Leader must ensure that there are 2 staff assigned as designated sleep monitor for each sleep period, that cover is maintained during breaks or staff changes, and that sleep records are completed accurately. The Deputy Early Education Coordinator or delegated senior practitioner must audit sleep records regularly, address missed or incomplete checks immediately, and report recurring concerns to the Senior Early Education Coordinator. Sleep records and individual sleep plans must be stored securely in line with the setting's records-retention requirements.
- Parents and carers are asked to complete a written sleep-routine record with the child's key person when the child starts nursery, and it must be reviewed whenever the child's needs or routine change. Babies will always be placed on their back to sleep unless a registered medical practitioner has advised an alternative position for a specific medical reason. Any alternative arrangement must be supported by written medical advice, documented in an individual care plan and shared with all practitioners responsible for the child. A baby who independently rolls from back to front may remain in the position they adopt, provided the cot remains clear and the baby was placed down on their back.
- Where a child has reflux, a respiratory condition, epilepsy, a disability, has been prescribed medication that may cause drowsiness, or has another health need affecting sleep, the Room Leader must agree an individual sleep and care plan with the parent or carer and, where appropriate, a health professional. The plan must specify the child's usual presentation, any additional monitoring, emergency actions and review arrangements, and must be communicated to all practitioners caring for the child.

- We recognise parents' knowledge of their child regarding sleep routines and will, where possible, work together to ensure each child's individual sleep routines and well-being continues to be met. However, staff will not force a child to sleep or keep them awake against his or her will. They will also not usually wake children from their sleep.
- Staff will discuss any changes in sleep routines at the end of the day and share observations and information about children's behaviour when they do not receive enough sleep.
- Sleep information must be included in staff handovers and shared with the parent or carer at collection, including when the child fell asleep, when they woke, the length and quality of sleep, and any concerns or changes observed. Before a sleeping child leaves the setting, practitioners must confirm directly with the collecting adult that the child is sleeping and provide any relevant monitoring information.
- If a child appears unresponsive, is not breathing normally, has an abnormal colour, or causes any other immediate concern, the practitioner must raise the alarm, begin the setting's emergency response without delay and ask another practitioner to call 999. A practitioner trained in paediatric first aid must provide care in accordance with their training. The child's parent or carer and the designated safeguarding lead or senior manager must be informed as soon as practicable. The incident, action taken and persons notified must be recorded, and the setting must consider any required notification to Ofsted, the relevant childminding agency, the local authority or other statutory body.

Sleeping twins

We follow the advice from The Lullaby Trust regarding sleeping twins.

Further information can be found at: www.lullabytrust.org.uk

This policy was adopted on	Signed on behalf of the nursery	Date for review
20 August 2018 *Reviewed August 2021* *Reviewed October 2025* *Reviewed Aug 26*	*Tanitia Lee*	*September 2026* *August 2027*